

WORK EXPERIENCE: Begin with present or most recent employer.

Recent Employer	Your Title	Dates of Employment From: To:	<input type="checkbox"/> Full-time Salary <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary _____ / _____
Address	Duties		Reason for Leaving
City			Work Reference (Name, Address, Telephone Number)
Telephone Number			

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May we conduct a personal background check including contacting the references named above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain: _____	
When will you be available for employment? _____	

I certify that all information on this application is true and complete to the best of my knowledge, and that any false or missing job-related information may disqualify me from this position.

Date (MM/DD/CCYY)	Signature
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER FUNCTIONING UNDER AN AFFIRMATIVE ACTION PLAN

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services, or employment. If you are speech, hearing or visually impaired and need assistance, call (608) 266-5803 or TTY (608) 267-0676. We will try to find another way to get the information to you in a usable form.